STRUCTURAL PEST CONTROL & PESTICIDES DIVISION

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1090 Mail Service Center

RALEIGH, NC 27699-1090

APPLICATION FOR LICENSE EXAMINATION

(INCOMPLETE APPLICATIONS WILL BE RETURNED)

	(T:)	(3.6: 1.11.)	(T)	(37: 1
	(First)	(Middle)	(Last)	(Nickname
Home Address:		P. O. P.		•••
	(Street or	P. O. Box)	(C	ity)
(State)	(Zip)	(Count		No
, ,	•		• •	
Applicant's Social Secu	ırity Number:			
Are you presently emp	loyed? Yes	_ No Self-Em	ployed? YesNo	_
Name and address of p	resent employer (company name):		
(Street or P.O. Box	x)	(City)		(State) (Zip)
			Telephone N	No.
'	(County)			
What is your position of	or job title with thi	is company?		
Indicate examination(s) for which your a	re applying by marking	an "X" in the appropriate box	(es) below:
Control of Hous	ehold Pests (P lice	ense)		
Control of Wood	d-Destroving Orga	anisms including fungi (W license)	
=	, , ,	and the second s		
Fumigation (F li	cense)			
Have you ever been ch	arged with or con	victed of violating the S	tructural Pest Control Laws of	any state?
Yes No If ye	es, complete the fo	ollowing:		
Nature of The Charge	e(s) Date	e(s) Charge(s) Made	City(ies) and State(s) Where Charge(s) Made	Disposition of Case(s)
a				<u> </u>

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10. F Y	Have you ever held a valid Yes No If Have you ever held a valid	North Carolin yes, give CA	a certified appli number and ph	icator's (CA ase(s)	A) card or equival	ent thereto? Exp	piration date
I	Have you ever held a valid f yes, complete the followi	CA card or eq ng:	uivalent thereto	o from any	other state? Yes	No	_
	Type(s) or Phase (s) CA Cards Held	How CA Obtained	Card (Exam, etc.)		Agency (ies) ne of State	Date(s) Issued	Expiration Date(s)
a	ı	_					
b	o	_					
1. F	Have you ever held a valid	North Carolin	a structural pes	t control lic	cense? Yes	_ No	
I	f yes, give license number	and phase(s) h	neld			_ Expiration date	
	Have you ever held a valid Yes No I				ent thereto from a	any other state?	
	Type(s) or Phases(s) License(s) Held	How Lice Obtained	nse (Exam or GF		ing Agency(ies) Name of State	Date(s) Issue	Expiration Date(s)
a	ı						
b	0					_	
b Y T S	Have you ever had a structury any state in the U.S.? Yes No If your support of License/CA Card Suspended or Revoked I No Revoked	ves, complete t	he following:	er License/ ended	Date of Susper or Revocation	Agenc nsion Suspe Revok	eto, suspended or revoked cy (ies) Which nded or and License/CA Card ame of State
b)						
(-	e from reputatic and made by	ble citizens who	are not rel so named.	ated to the applic Occupation	ant by either consa	
L			,		Occupation		
b	C				_		
	(Street or P. C	O. Box)	(State)	(Zip)	Telephone No.		
c	e. Signed				_ Occupation		
	Address(Street or P. (O. Box)	(State)	(Zip)	Telephone No.		
				Signed (A	Applicant)		
				2.5.104 (1	Data		20

QUESTIONNAIRE

(COMPLETE AND SUBMIT WITH APPLICATION FOR LICENSE EXAMINATION)

		me of applicant:				NI.	1. C 1	1	
		me of company and loca			tate snould you	secure a Nor	tn Carolina s	ructurai p	best control
	псе	ense:(Company Nat	me)	(Str	reet or P.O. Box	:)		(City)	
		(State)		(Zip)		(Coun	ty)		
3.	Dat	te above company was or	rganized:						, 20
l. :	Is t	his company incorporate	ed? YesN	o If yes, c	omplete the following	lowing:			
,	The	e trade name of the comp	oany is registered	in		(County),			(State)
5.	Lis	t previous addresses of tl	his company's bra	anch office and le	ngth of time at	each address	for the past to	en years:	
	a		(City)			From	, 20	To	, 20
		(Street or P.O. Box)	(City)	(State)	(Zip)				
	b	(Street or P.O. Box)	(City)	(State)	(Zip)	From	, 20	To	, 20
		(Street of 1.O. Box)	(Cuy)	(State)	$(\Sigma \iota p)$				
	c	(Street or P.O. Box)	(City)	(State)	(Zip)	From	, 20	To	, 20
	d					From	, 20	To	, 20
		(Street or P.O. Box)	(City)	(State)	(Zip)				
5.	Lis	t the names and addresse	es of the officers	or owners of this	company:				
	a.	Name			T	itle			
		Address							
			(Street or P.O	O. Box)	(City)		(State)		(Zip)
	b.	Name			T	itle			
		Address							
			(Street or P.O	O. Box)	(City)		(State)		(Zip)
	c.	Name				Title			
		Address	(C)	O. P	(6:4)		(6, ,)		(7:)
			(Street or P.O	O. Box)	(City)		(State)		(Zip)
	d.	Name			7	Title			
		Address	/C/	2 P)	(C:()		(6:)		(7 :)
			(Street or P.O	J. Box)	(City)		(State)		(Zip)

a.	Employer		Date(s) employed: From	, 20	То	, 20
	Licensee's Name (if applicable)		License Nu	mber (if ap	plicable)_	
	Address of employer					
		(Street or P.O. Box)	(City)	(Sta	ate)	(Zip)
b.	Employer		Date(s) employed: From	, 20	To	, 20
	Licensee's Name (if a	pplicable)	License Nu	mber (if ap	plicable)_	
	Address of employer					
	1 ,	(Street or P. O. Box)	(City)	(Ste	ate)	(Zip)
c.	Employer		Date(s) employed: From	, 20	To	, 20
	Licensee's Name (if a	pplicable)	License Num	nber (if app	licable)	
	Address of employer					
	r	(Street or P.O. Box)	(City)	(Sta	ate)	(Zip)
d.	Employer		Date(s) employed: From	, 20	To	, 20
	Licensee's Name (if a	pplicable)	License Num	nber (if app	licable)_	
	Address of employer					
		(Street or P.O. Box)	(City)	(Si	tate)	(Zip)
. A	re you making application of household pests llowing:		of having two years practical exper g organisms and/or fumigation? Ye			
	the control of househo	estroying organisms (years).	years),			
	the control of househouthe control of wood-d fumigation (years). nnaire, affidavits from licensees	years), s / employers for which you have west control in which you wish to be			

For self-employed applicants, in lieu of the employer's affidavit, Section 4, Page 1, please attach notarized letters from customers you have serviced. Letters should indicate you have a minimum of 2 years' experience in each of the phases of structural pest control in which you wish to be examined.

40							
10)	Ed	11	Ca	f1	\cap 1	1

a.	Nan	ne of high school atter	nded:					
	Add	ress of high school	(Street or P.O. I	3ox)		(City)	(State)	(Zip)
		you graduate? Yes					` ,	
b.	you	you attend a college of college or university ifications, submit with	training in struct	ural pest cont	rol or related	fields to be cons	omplete the following (It sidered as evidence of yo	you desire ur
	(1)	Name of college, etc	•					
		Address	n O D	(C:)	(6:)	Major	r subject	
		Year(s) attended		Year gradı	ated	D	egree(s) Received	
	(2)	Name of college, etc						
	(-)	•						
		(Stree	et or P.O. Box)	(City)	(State)	(Zip)	Major subject	
		Year(s) attended		Year gradı	iated	D	egree(s) Received	
c.	Othe	er formal training (list	type of training,	source of train	ning and date	e(s) of training) _		
d.	Othe	er qualifying experien	ce					

	llowing:	Voors Error	n. 411	doe Commonthy Head
	Name of Pests	Years Experience In Controlling		ides Currently Used by Brand name only)
a. b. c. d. e. f. g. h. i. j. k. l m.	Ants American Roaches Brown-Banded Roaches Clothes Moths Fleas German Roaches House flies Mice Millipedes Rats Sawtoothed Grain Beetle Silverfish Wasps			
	you are applying to take the mplete the following: Name of Pests	e examination for a LICENSE Years Experience		WOOD-DESTROYING ORGANISMS,
	Traine of Tests	In Controlling		by Brand name only)
a. b. c. d. e. f. g.	Carpenter Ants Carpenter Bees Dry Wood Termites Old House Borers Powder-Post Beetles Subterranean Termites Wood-Decay Fungi			
13. If	you are applying to take the	e examination for a FUMIGA	TION LICENSE, complete t	he following:
	Fumigants	Number of Years Experience With	Type of gas Mask used	Type of Canister used
a. b. c. d.	Chloropicrin Methyl Bromide Phostoxin Vikane Other Fumigants (List):			
e.				

, 20_

Date ___

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VITAL INFORMATION ON LICENSE APPLICANT

(COMPLETE AND SUBMIT WITH APPLICATION FOR LICENSE EXAMINATION)

(Last Name)			(D .)	
	(First Name)	(Middle Name)	(Date)	
usiness address				
	(Street or P.O. Box)	(Ci	ty) (State)	(Zip)
esidence				
	(Street or P.O. Box)	(Ci	ty) (State)	(Zip)
ace of Birth				
	(Street or P.O. Box)	(Ci.	ty) (State)	(Zip)
tionality			Sex	
ge	Date of Birth	Height	Complexion	
ir	Eves	Weight	Build	
ve you ever been con	nvicted of a felony?	If yes, state wher	e and when.	
ve your ever been ard Do not include mino	rested or convicted otherwise? or traffic violations)	s no	urately identify any arr	est and/or convictio
(Do not include mino answer is yes, list all ay result in the reject	rested or convicted otherwise for traffic violations) I arrests and/or convictions. etion of your application.	yes no Failure to completely and acc		
tive your ever been are (Do not include mino) answer is yes, list all	rested or convicted otherwise for traffic violations)	yes no		est and/or convictio
answer is yes, list all	rested or convicted otherwise for traffic violations) I arrests and/or convictions. etion of your application.	yes no Failure to completely and acc		
ve your ever been are Do not include mino answer is yes, list all ay result in the reject	rested or convicted otherwise for traffic violations) I arrests and/or convictions. etion of your application.	yes no Failure to completely and acc		

State of	_)	
County of		(Applicant's Name) after
being duty sworn on his oath deposes and says that he had 1, 2, and 3 of the above and foregoing application and to ments and answers contained therein are true and correct further acknowledges that an application which contain leading or incomplete statements and answers shall not a properly completed application for examination for put the pre-registration requirements.	hat the state- ct. Applicant is false, mis- be considered	Affix here a 2 1/2 " x 2 1/2 " clear, full-face, head and shoulder photograph taken within the preceding 12 months
		(Applicant's Signature)
Subscribed and Sworn before me this)	Notary please impress seal on both signature and edge of photo. Please do not deface photo.
day of	, 20)	do not deface photo.
	Notary Public	
My commission expires		

EMPLOYER'S AFFIDAVIT

This affidavit <u>must</u> be completed by applicant's licensee / employer)

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1.	State of)					
2.	County of)					
3.	I hereby certify that						was
4.	in my employ as a						and
	was engaged in the following kind		-				
	Date(s) Employed (Exact Dates):				//		
8.	List Additional Employment Dates If Applicable:	From:	_//	To:	//		
10.	Did employee mix and apply chen Household pests: Average number of jobs treated n	Yes No		time	*Part time	_	
	Wood-destroying Organisms: Average number of jobs treated n			time	*Part time		
14.	Did employee participate in fumi	gation work: Yes No	· Full	time	*Part time		
15.	Average number of fumigation jo						
16.	*Explain part time work:						
17.							
18.							
19.	1 hereby certify that the above in	formation is true and corre	ect to the best	of my knowl	edge.		
20.	Sig	gnature of Employer			By Employer and	Not His Age	
21.	Ple	ease Print Name Signed A					
22.		nployer's Position/Job Titl					
23.		reet Address					
24.		ty					
25.		ame and type of business _					
26.		71 -					
27.	Subscribed and sworn to before	me this		da	v of		20
28.	NOTARY						
	SEAL		(Signa	ture of Notar	ry Public)		
29.		My Commis	ssion expires _				Revised 2/01